

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/31/2012

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G699		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/09/2012	
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 6101 HAYES ST MERRILLVILLE, IN46410			
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of survey: January 3, 4, 5, 6 and 9, 2012</p> <p>Facility number: 003132 Provider number: 15G699 AIM number: 200372010</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on 1/17/2012 by Dotty Walton, Medical Surveyor III.</p>			W0000			
W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the governing body failed for 1 of 4 clients (client #4) living at the group home, to exercise general operating direction in a manner to ensure he did not pay for hygiene products.</p>			W0104	<p>Client #4's hygiene products for 1/3/11 & 6/22/11 were sent in for reimbursement on 1/26/12. Products purchased on 1/13/11 were reimbursed on 1/25/11.</p> <p>To ensure future compliance, Service Coordinator will review all client accounts for further</p>		02/08/2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 1/5/12 at 1:50 P.M. A financial record review for client #4 was completed. The financial review indicated: "Receipt dated 1/13/11...baby wipes \$2.50, \$2.50, \$2.50, \$2.50, shampoo \$1.50, \$1.50, \$1.50, \$1.50. Receipt dated 3/3/11: baby wipes \$4.00, \$4.00, \$4.00, \$4.00. Receipt dated 6/22/11: Baby wipes \$5.50, \$5.50...baby lotion \$1.50, baby oil \$1.50, no rash cream \$2.00, baby shampoo \$1.50, \$1.50." Further review of client #4's records did not indicate he was reimbursed for the mentioned expenses.</p> <p>An interview with the Service Coordinator (SC) was conducted on 1/5/12 at 2:06 P.M.. The SC indicated clients should not pay for hygiene products and further indicated client #4 had not been reimbursed for the mentioned expenses.</p> <p>9-3-1(a)</p>				reimbursements and process as deemed necessary.		

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W0248	<p>A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to have an updated Individual Support Plan (ISP) for 1 of 4 clients residing at the group home (client #4), available for all staff who worked at the group home.</p> <p>Findings include:</p> <p>Client #4's record was reviewed at the group home on 1/3/12 at 8:05 A.M. Review of client #4's record indicated a most current ISP dated 9/29/10. No further documentation was available for review to indicate a more current ISP was available for staff who worked with the client at the group home.</p> <p>Interview with Direct Service Professional (DSP) #1 was conducted on 1/3/12 at 8:10 A.M. DSP #1 indicated the mentioned ISP was the most current available for the group home staff.</p> <p>An interview with the Service Coordinator (SC) was conducted on 1/5/12 at 2:06 P.M. The SC indicated the group home staff should have an updated ISP for client #4.</p>			W0248	<p>Copy of client #4's ISP was sent to the house on 1/11/12</p> <p>To ensure future compliance, Service Coordinator will document the presence of all ISP's in group home monthly for 3 consecutive months ,then quarterly thereafter.</p>		02/08/2012

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W0249	<p>9-3-4(a)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to implement training objectives during times of opportunity for 1 of 2 sampled clients (client #1).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 1/3/12 between 6:00 A.M. and 8:30 A.M. From 6:10 A.M. until 7:05 A.M., client #1 walked around the home with a drinking straw in his hand. At 7:20 A.M. client #1 ate breakfast. From 7:20 A.M. until 8:20 A.M., client #1 walked around the home holding a drinking straw in his hand. Client #1 did not communicate in his home. Group home staff #1 and #2 did not use a communication book/signs to communicate with client #1 and did not encourage him to participate in group communication during the entire</p>			W0249	<p>Service Coordinator will train DSP'S to use client #1's communication book and signs.</p> <p>To ensure future compliance, Service Coordinator will observe and document use of communication book twice a month for three consecutive months, then monthly thereafter.</p>		02/08/2012

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	<p>observation.</p> <p>An evening observation at the group home was conducted on 1/3/12 between 5:30 P.M. and 7:00 P.M. During the entire observation client #1 was walking around the kitchen area with no activity. Group home staff #1 and #3 did not use a communication book/signs to communicate with client #1 and did not encourage him to participate in group communication during the entire observation.</p> <p>A review of client #1's record was conducted at the facility's administrative office on 1/5/12 at 2:15 P.M. A review of client #1's record indicated he was nonverbal. Review of client #1's Individual Support Plan (ISP) dated 12/21/11 indicated the following: "Will continue to work with his communication book using pictures and signs...Will continue to engage in group communication activity daily."</p> <p>An interview with the Service Coordinator (SC) was conducted on 1/5/11 at 2:06 P.M. The SC indicated all clients living at the group home have active treatment objectives and further indicated all staff should implement clients' goals at all times of opportunity.</p>						

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W0436	<p>9-3-4(a)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, interview, and record review, the facility failed for 1 of 3 clients who used adaptive equipment (client #2) to keep adaptive equipment in good repair.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 1/3/12 from 6:00 A.M. until 8:30 A.M. During the observation period, client #2 wore a blue seizure helmet which was observed to have the entire right ear protective portion missing.</p> <p>An interview with client #2 was conducted on 1/3/12 at 7:45 A.M. Client #2 indicated one of his housemates broke his helmet. He further indicated his helmet had been broken for about a year.</p>			W0436	<p>Client # 2 was fitted for a new helmet on 1/11/12.</p> <p>To ensure future compliance Service Coordinator will review quarterly for any defects/ repairs needed.</p>		02/12/2012

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W0440	<p>An evening observation was conducted at the group home on 1/3/12 from 5:30 P.M. until 7:00 P.M. During the entire observation period, client #2 wore a blue seizure helmet which had the entire right ear protective portion missing.</p> <p>An interview with the Service Coordinator (SC) was conducted at the group home on 1/3/12 at 7:30 P.M. The SC stated "Yes, his helmet is broken, we will have to get him another one."</p> <p>A review of client #2's record was reviewed on 1/5/12 at 9:53 A.M. A review of client #2's record indicated he wore a protective seizure helmet at all times when out of bed.</p> <p>9-3-7(a)</p>						
	<p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview, the facility failed to conduct evacuation drills on the day shift (7:00 A.M. to 3:00 P.M.) during the second quarter (April 1st through June 30th) and fourth quarter</p>		W0440	<p>Area Manager will re-train DSP's on running evacuation drills during the day shift.</p> <p>To ensure future compliance, Area Manager will monitor fire drills monthly.</p>		02/08/2012	

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	<p>(October 1st through December 31st) of 2011 which affected 4 of 4 clients living in the facility (clients #1, #2, #3, and #4.)</p> <p>Findings include:</p> <p>The facility's evacuation drill records were reviewed on 1/3/12 at 10:55 A.M. The review failed to indicate the facility held an evacuation drill for clients #1, #2, #3 and #4 on the day shift during the second and fourth quarters of 2011.</p> <p>An interview with the Service Coordinator (SC) was conducted on 1/3/12 at 11:15 A.M. When asked if all of the evacuation drills for this group home were submitted for review, she indicated she would have to ask the area manager who was not available.</p> <p>An interview with the SC was conducted on 1/5/12 at 2:06 P.M. The SC presented a red folder with evacuation drills and stated they were drills found at the group home. Review of the red file indicated the same drills submitted on 1/3/12 with the same missing drills. The SC indicated the drills must be missing.</p> <p>9-3-7(a)</p>						

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W0460	<p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation and record review for 1 of 2 sampled clients (client #1), the facility failed to assure the staff provided food in accordance with the client's diet order.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 1/3/12 from 5:30 P.M. until 7:00 P.M. At 7:00 P.M., client #1 was serving himself dinner which consisted of a pork chop in gravy, rice and broccoli. At 7:10 P.M., client #1 was observed eating his meal independently. Client #1's pork chop was not of a ground texture.</p> <p>A review of client #1's record was conducted on 1/5/12 at 2:15 P.M. Review of the record indicated a nutritional assessment dated 1/12/11 which indicated he was on a chopped diet with ground meats.</p> <p>An interview with the Service Coordinator (SC) was conducted on 1/5/12 at 2:06 P.M. The SC indicated client #1's pork chop should have been ground as his diet order indicated.</p>			W0460	<p>Community Services Nurse and or Service Coordinator will re-train DSP's on client # 1's diet "chopped with ground meat. To ensure future compliance Service Coordinator will observe and document that proper diet orders are being followed, twice a month for three consecutive months and monthly thereafter.</p>		02/08/2012

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	<p>An interview with the nurse was conducted on 1/9/12 at 1:20 P.M. The nurse indicated staff should ensure clients are eating their recommended diets.</p> <p>9-3-8(a)</p>						